

**STATE OF CALIFORNIA  
MELLO-ROOS COMMUNITY FACILITIES DISTRICT (CFD)  
YEARLY FISCAL STATUS REPORT**

California Debt and Investment Advisory Commission  
915 Capitol Mall, Room 400, Sacramento, CA 95814  
P.O. Box 942809, Sacramento, CA 94209-0001  
(916) 653-3269 FAX (916) 654-7440

<b>For Office Use Only</b>
CDIAC # _____
Fiscal Year _____

**I. GENERAL INFORMATION**

A. Issuer \_\_\_\_\_

B. Community Facilities District Number/Name \_\_\_\_\_

C. Name/Title/Series of Bond Issue \_\_\_\_\_

D. Indicate Credit Rating Ratings Agency: \_\_\_\_\_ Rating \_\_\_\_\_ Not Rated ☐

E. Date of Bond Issue \_\_\_\_\_

F. Original Principal Amount of Bonds \$ \_\_\_\_\_

G. Reserve Fund Minimum Balance Required \$ \_\_\_\_\_

**II. FUND BALANCE FISCAL STATUS**

Balances Reported as of: June 30 \_\_\_\_\_ (Year)

A. Principal Amount of Bonds Outstanding \$ \_\_\_\_\_

B. Bond Reserve Fund \$ \_\_\_\_\_

C. Capitalized Interest Fund \$ \_\_\_\_\_

D. Construction Fund(s) \$ \_\_\_\_\_

**III. ASSESSED VALUE OF ALL PARCELS IN CFD SUBJECT TO SPECIAL TAX**

A. Assessed Value Reported as of: \_\_\_\_\_ (Date) (Check one)

☐ From Equalized Tax Roll

☐ From Appraisal of Property

*(Use only in first year or before annual tax roll billing commences)*

B. Total Assessed Value of All Parcels \$ \_\_\_\_\_

**IV. TAX COLLECTION INFORMATION**

A. Total Amount of Special Taxes Due \$ \_\_\_\_\_

B. Total Amount of Unpaid Special Taxes \$ \_\_\_\_\_

C. The taxes are paid under the county's Teeter Plan. Yes: ☐ No: ☐

**V. DELINQUENT REPORTING INFORMATION**

Delinquent Parcel Information Reported as of Equalized Tax Roll of: \_\_\_\_\_ (Date)

A. Total Number of Delinquent Parcels: \_\_\_\_\_

B. Total Amount of Taxes due on Delinquent Parcels: \$ \_\_\_\_\_

**VI. FORECLOSURE INFORMATION FOR FISCAL YEAR**

*(Aggregate totals, if foreclosure commenced on same date)*

Date Foreclosure Commenced	Total Number of Foreclosure Parcels	Total Amount of Tax Due on Foreclosure Parcels
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____

*(Attach additional sheets if necessary.)*

## (Continued)

C. Other: \_\_\_\_\_

Phone No. \_\_\_\_\_ Date Of Report \_\_\_\_\_

Page 2